

Minutes from the PPG Meeting held on Wednesday 4th December

Present: Clive Jones, PPG Chair

Philip Smith, Practice Manager
Rachel Kennouche, Office Manager
Adie Salter, QOF Manager
Sr. Sarah Smith
Jane Dixon, Management Support

Tracey Cole, Head of Client Operations, Cheshire and Merseyside Commissioning
Support Unit

22 patients

1. Matters Arising from Previous Minutes

The Chairman welcomed the group and informed everybody that they had been provided with reading material along with their agenda to take home and read through.

He shared how there were no matters to be discussed from the previous meeting and that there was just one point that was going to be looked into, which was to look into how to attract a wider ethnic and age range group to the PPG. This was not now taken forward as we decided to invite a wide range of patients, which has proved successful as today's meeting has attracted 22 patients.

2. NHS Re-organisation

The Chairman asked Philip to give a basic presentation on the NHS re-organisation.

Philip presented information from a presentation that he attended at The NEC, Birmingham, in October from the Vice-Chairman of the BMA. He shared how both the BMA and the Royal College of GPs have raised concern on how £20 Billion of savings will be made by 2015 without affecting patient care and safety etc.

Most Western Europe countries spend up to 40% more on their healthcare service than we do here in the UK.

Western Cheshire consists of 36 practices (12 practices within the city) and the budget for Western Cheshire this year is £315million. Primary Care provides 90% of NHS care but receives only 7.47% of the NHS budget. Primary Care is paid by capitation (per patient), whereas secondary care is paid by activity (Payment by Results).

The Chairman asked Philip to explain to how the practice gets paid. Philip explains that there are 3 ways in which the practice gets paid:

Global sum – the practice gets paid £66.25 per patient. On average patients consult 6 times per year but the practice only receives one payment no matter how many times they attend.

QOF – the practice gets paid for carrying out patients chronic disease checks.

Enhanced Services – the practice gets paid for any extra work that we carry out e.g. initiating insulin in diabetic patients, preventing hospital admissions.

Both of the second and third areas are proactive work, where we will contact patients to ask them to attend the surgery. Many members of the PPG may have been involved in a LES (local enhanced service) by attending for their flu injection. 2,500 flu injections have been given so far in this year's flu campaign.

The average practice costs £8.5million to run. Boughton Health Centre costs £17million. The running of the practice costs £1.7million whilst prescription costs are £1.8 million and the final £13.7million is costs through hospitals and secondary care.

In 2004/05 Lord Darzi did a major review of the NHS and 238 'Walk In Centres' were opened to relieve the pressure on Accident and Emergency and Primary Care. 50 of these centres have since been closed with a loss of 1.8 million patient appointments per annum.

Philip showed the group the Kings Fund diagram which was produced following the Staffordshire NHS Trust report. It was generally discussed how this structure is very difficult to understand.

In 2006 our practice delivered 54,000 consultations, which has increased over time and this year we estimate to have delivered 66,000 consultations, with no increase in GPs or Nurse numbers. The GPs have made the decision to recruit a seventh GP which will be paid for by the Practice. Philip explained how the average UK GP appointment is now 13 minutes long and not the 10 minutes as experienced in previous years. The Practice is going to make sure that the GPs have enough amount of time for each consultation. This will also reduce the over-run times for GPs and reduce waiting times after patients have arrived here.

Philip asked Rachel Kennouche and Sr. Sarah Smith to explain what other options are available to patients in order to avoid a consultation. Rachel explained how feedback that we have received from patients is that they do not know what other services are available to them. Rachel ran through what other services are available to patients.

- Self help leaflets/information is available and can be found in the surgery or on the internet.
- Minor Ailments Schemes are provided by a number of pharmacies within Chester and the pharmacist can carry out a consultation with the patient and advise on what over the counter medications are available.
- NHS Direct
- Extended Hours run clinics in the evenings and weekends for routine appointments for patients who are unable to attend the surgery during the day due to work commitments.
- Out of Hours is available for urgent cases when the GP surgery is closed.

Sr. Sarah Smith shared how a lot of people attend for reassurance but that if they looked on the internet they would get the reassurance they needed. This could also help the practice by having more appointments free.

Philip explained how the 111 Service was launched at Easter but collapsed within a couple of hours. Before the launch there was concern about non-clinicians taking the phone calls and there being central call centres. The service was set up for non-urgent cases, where the patients were unsure what to do, so would relieve the pressure on the 999 Service. NHS Direct is now running again in many parts of the UK in place of the 111 service.

3. **West Cheshire Clinical Commissioning Group (WCCCG)**

Philip explained how the Clinical Commissioning Group has taken over from the Primary Care Trust and this (2013/14) is the first full year. The Government / DoH have now stepped back and GPs make the decisions locally about which additional services to commission and take responsibility for the budget. The WCCCG management structure has reduced by 40% compared to the previous structure of the PCT. In addition to the management structure there are now 21 clinical leads and the GPs and clinicians are making the decisions and driving forward. The Chairman told the group how he will be attending meetings 4 times a year with the other Chairmen of the Chester PPGs.

4. **Boughton Health Centre Performance**

The NHS conducts an annual patient survey which we scored well in, apart from two areas, 'GPs involving patients' and 'GPs having enough time'.

Following these results we held our own survey in June 2013 which gave much better results. The Practice has increased the amount spent on GP Locum cover, thereby increasing resources to resolve the problem. However except for these 2 questions we did score well above average in the National Patient Survey.

Comments received on the local survey were that we needed to install more phone lines. Philip explained how the amount of telephone lines is not the issue and that more staff are needed in order to answer the phones. We have recently employed an apprentice who has just been taken on as a full time member of staff following the retirement of a part-time member of the team. This is again an increase in resources and costs to resolve the problem.

Several patients commented on how they feel very lucky to be a member of Boughton Health Centre after seeing the comparison with other surgeries and how the training and education that has been put into place has worked.

Philip thinks we are also fortunate as we are a large practice, so the GPs have chosen to have increased levels of resourcing and we also get the benefits of economies of scale. Philip has concerns for smaller practices and expects to see smaller practices merging in the future.

5. **Virtual Group**

An on-line group has been set up on Facebook but it has not taken off, so it has been decided to create an e-mail account where patients can communicate with the committee. The committee is eager for the group to be involved in two way communication and is hoping this will be the best way. A member of the committee asked for people to submit their e-mail address if they are willing to receive e-mails and then when the committee has any questions they will send out an e-mail to the group and everyone will be given the opportunity to respond.

The e-mail address is **BoughtonPPG@gmail.com**

One patient shared how she likes the appointment booking system and hopes that we will not change it to asking patients to ring on the day. Rachel explained that this would mean making more work for both the patient and ourselves, so the Practice will not be changing to this.

It was explained how the on-line booking system will give patients the same appointments as those that the Reception Team can access. It was explained how prescriptions can also be ordered on-line and patients can inform the practice of a change of address. We are already above the national average for patients booking appointments on-line but Rachel is eager to improve on this figure.

Nurse appointments cannot currently be made through the on-line service as they see lots of complex problems and different appointment lengths are needed for different appointments.

Another patient asked how we deal with DNAs (Did Not Attend) and Philip explained how they are monitored and if a patient misses 3 appointments they will receive a letter and following this will be invited in to speak to the Management and may even be removed from the practice. On average we remove <1 patient per annum for this reason. The Patient Group re-iterated that they expected firm action to be taken in the event of frequent DNA patients.

Meeting Closed: 3:40